

Annex II

TRAVEL REIMBURSEMENT REQUEST

Please scan and send as PDF document by email to accounting@energy-community.org

1. MEETING DETAILS						
Description/name of the meeting:				Place:		
				Dates:	No. of days:	
2. PARTICIPANT						
FAMILY NAME:			FIRST NAME:			
INSTITUTION:						
COUNTRY:			TITLE:			
E-MAIL:			TEL:			
3. BANK DETAILS – please provide full IBAN and SWIFT/BIC code						
NAME AND ADDRESS OF ACCOUNT HOLDER: <i>(please indicate the name of owner/beneficiary of the bank account in this field)</i>						
BANK NAME						
Account Number						
SWIFT (BIC) Code						
IBAN						
4. ACCOMMODATION						
DATES OF STAY		From:		To:		
Total number of hotel nights (max. rate of 165 €/night) <i>Please attach a copy of the hotel receipt/invoice</i>				Number of nights:		Total (€ [*]):
5. TRAVEL EXPENSES						
<i>Please attach a copy of the available receipts/invoices, including boarding passes for flights/train/bus tickets</i>						
Transport type (Airplane, train, etc.)	From	To	Class	Amount	Currency	In € [*]

Travel by car		
From:	To:	To (return):
Proof of distance attached (copy of the route from www.maps.google.com to be submitted in PDF or JPG format, and copy of toll-gate, or fuel receipt)		Km (both ways):
Mileage (fixed) rate 0,50 € / km		Total (€*):
Local Transport		
TAXI (if local public transport was not available) - Receipts required	Amount in local currency:	Amount in Euro*
Public Transport (city public transport tickets, local shuttle trains etc.) – receipts required	Amount in local currency:	Amount in Euro*

In accordance with the reimbursement rules, applications must be submitted within 30 calendar days after the date of the meeting in question. If this request is submitted later, please explain the reason for the late submission.

Data Protection

The Energy Community Secretariat is committed to protect the right to privacy and has implemented measures to ensure data protection. If you want to learn more or have concerns, please send an email to data-protection@energy-community.org

☐ I agree for my personal data to be stored and processed by the Secretariat and the third parties with a legitimate interest in line with and for the period required by the purpose of my reimbursement request, as well as any contractual obligations of the Secretariat

When submitting the reimbursement form, please attach copies of all the required supporting documents

***Conversion from the local currency to EUR, should be done in line with the Inforeuro exchange rate https://commission.europa.eu/funding-tenders/procedures-guidelines-tenders/information-contractors-and-beneficiaries/exchange-rate-inforeuro_en in the month that transaction took place.**

TOTAL AMOUNT CLAIMED in EUR:	
Other Remarks:	
I certify that this travel claim is a true statement of travel expenses incurred by me. I have not been and will not be reimbursed for these expenses from any other source, nor have I included any expenses paid or to be paid directly from another source.	
Date:	PARTICIPANT SIGNATURE: